

# PROVIDER BULLETIN

## PROVIDER INFORMATION



September 9, 2015

### Medical Policies on the New Operating System Effective November 1, 2015

On November 1, 2015, Blue Cross and Blue Shield of Minnesota (Blue Cross) will begin migrating subscribers from our legacy operating system to our new operating system. Subscriber migration will continue over the next few years with the goal of having all subscribers migrated to the new operating system by the end of 2018.

Subscribers who have migrated to the new operating system can be identified by a group number that is eight digits with no alpha character or dashes (an example is: 10051065). Subscribers who have not migrated to the new operating system will have a seven character group number consisting of alpha and numerical characters and a dash (an example is: YE508-00).

Throughout migration, Blue Cross will manage two sets of medical policies. For migrated subscribers, Blue Cross will be retaining a subset of current medical policies along with the new and revised policies listed below. Non-migrated subscribers will continue to follow the existing Blue Cross medical policies. When migration to the new operating system is complete, Blue Cross will follow one set of medical policies. Providers will be able to view policies online for migrated and non-migrated subscribers by referring to the group number on the subscriber's ID card. Additional information will be provided in a Quick Point closer to the November 1, 2015, effective date on how to access the two sets of medical policies.

Durable Medical Equipment Policy Title	New or Revised
1. Beds – Accessories and Related Items	Revised
2. Continuous Glucose Monitors	Revised
3. Continuous Rental of Life Sustaining Durable Medical Equipment (DME)	New
4. Cranial Electrical Stimulators	Revised
5. Durable Medical Equipment (DME)	Revised
6. Electrical Stimulation Devices for the Treatment of Arthritis	Revised
7. Fluency-Enhancing Devices for the Treatment of Stuttering	New
8. High Frequency Chest Wall Oscillation Devices	Revised
9. H-Wave Stimulation	Revised
10. Infrared Heating Pad Systems	New
11. Interferential Stimulator	Revised
12. Nebulizers	New
13. Negative Pressure Wound Therapy/Vacuum Assisted Closure of Chronic Wounds	New
14. Neuromuscular Electrical Stimulation (NMES) Device Used by Spinal Cord Injured Patients for Walking	Revised
15. Non-Powered Negative Pressure Wound Therapy System	New
16. Oxygen	New
17. Patient Lifts	New
18. Pulse Oximetry Device	New
19. Repair, Maintenance, and Replacement of Durable Medical Equipment (DME)	Revised
20. Respiratory Assist Device	New
21. Seat Lift Mechanisms	Revised
22. Speech Generating Devices	Revised
23. Transcutaneous Transducer Garments	New

24. Transtympanic Micropressure Applications as a Treatment of Meniere's Disease	New
25. Tumor Treatment Fields	Revised
26. Wheelchairs and Options/Accessories	Revised
<b>Injections Policy Title</b>	<b>New or Revised</b>
1. Hydroxyprogesterone Caproate Injection as a Technique to Reduce Preterm Birth in High-Risk Pregnancies	Revised
2. Intravenous Anesthetics for the Treatment of Chronic Neuropathic Pain	Revised
3. Naltrexone Extended Release Injection (Vivitrol™)	New
4. Natalizumab (Tysabri®)	Revised
<b>Laboratory Policy Title</b>	<b>New or Revised</b>
1. Analysis of Human DNA in Stool Samples as a Technique for Colorectal Cancer Screening	Revised
2. Anaplastic Lymphoma Kinase (ALK) Gene Rearrangement by Fluorescence in Situ Hybridization Testing (FISH) in Non-Small Cell Lung Cancer	New
3. Assays of Genetic Expression in Tumor Tissue as a Technique to Determine Prognosis in Patients with Breast Cancer	Revised
4. Biomarkers in Risk Assessment and Management of Cardiovascular Disease	Revised
5. Cell-Free Fetal DNA-Based Prenatal Screening for Fetal Aneuploidy (MaterniT21)	Revised
6. Corus CAD™ Diagnostic Test	New
7. Cytochrome p450 Genotyping	Revised
8. Excision Repair Cross-Complementing Factor 1 (ERCC1) Analysis for Non-Small Cell Lung Cancer	New
9. Genetic Testing for Warfarin Dose	Revised
10. HIV Drug Susceptibility and Resistance Testing	New
11. In Vitro Allergy Testing	Revised
12. Intraepidermal Nerve Fiber Density Testing	New
13. KIF6 Genotyping for Predicting Cardiovascular Risk and/or Effectiveness of Statin Therapy	New
14. Laboratory Studies for Diagnosing and Managing Inflammatory Bowel Disease	Revised
15. Laboratory Test for Heart Transplant Rejection	New
16. Pharmacogenomic and Metabolite Markers for Patients Treated with Azathioprine	New
17. Rapid Platelet Function Assay – ASA	New
18. VeriStrat® Assay	New
<b>Diagnostic Medical Policy Title</b>	<b>New or Revised</b>
MultiFunction Cardiogram	New
<b>Orthotics &amp; Prosthetics Policy Title</b>	<b>New or Revised</b>
Myoelectric Prosthetic Components for the Upper Limb	Revised
<b>Radiation Therapy &amp; Nuclear Medicine Policy Title</b>	<b>New or Revised</b>
Positron Emission Mammography	Revised
<b>Radiology Policy Title</b>	<b>New or Revised</b>
1. Cardiac Computed Tomography (Cardiac CT)	Revised
2. CT Screening for Lung Cancer	Revised
3. First Trimester Screening for Fetal Aneuploidy	New
4. Functional Magnetic Resonance Imaging (fMRI)	New
5. Positional MRI	New
<b>Surgery Policy Title</b>	<b>New or Revised</b>
1. Artificial Intervertebral Disc Replacement	Revised
2. Autologous Hematopoietic Stem-Cell Transplantation for Malignant Astrocytomas and Gliomas	Revised
3. Bronchial Thermoplasty	Revised
4. Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Conditions	Revised
5. Hematopoietic Stem-Cell Transplantation for Autoimmune Diseases	Revised

6. Hematopoietic Stem-Cell Transplantation for Breast Cancer	Revised
7. Hematopoietic Stem-Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma	Revised
8. Hematopoietic Stem-Cell Transplantation for Chronic Myelogenous Leukemia	Revised
9. Hematopoietic Stem-Cell Transplantation for CNS Embryonal Tumors and Ependymoma	Revised
10. Hematopoietic Stem-Cell Transplantation for Epithelial Ovarian Cancer	Revised
11. Hematopoietic Stem-Cell Transplantation for Germ-Cell Tumors	Revised
12. Hematopoietic Stem-Cell Transplantation for Hodgkin Lymphoma	Revised
13. Hematopoietic Stem-Cell Transplantation for Miscellaneous Solid Tumors in Adults	Revised
14. Hematopoietic Stem-Cell Transplantation for Multiple Myeloma and POEMS Syndrome	Revised
15. Hematopoietic Stem-Cell Transplantation for Myelodysplastic Syndromes and Myeloproliferative Neoplasms	Revised
16. Hematopoietic Stem-Cell Transplantation for Non-Hodgkin Lymphomas	Revised
17. Hematopoietic Stem-Cell Transplantation for Primary Amyloidosis	Revised
18. Hematopoietic Stem-Cell Transplantation for Waldenstrom Macroglobulinemia	Revised
19. Implantable Hormone Replacement Pellets	Revised
20. Interspinous Distraction Devices for Treatment of Spinal Stenosis	Revised
21. Intradermal Electrothermal Annuloplasty (IDEA) or Intradiscal Electrothermal Therapy (IDET)	Revised
22. Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease (GERD)	Revised
23. Magnetic Resonance Imaging (MRI)-Guided Focused Ultrasound Surgery (MRgFUS)	Revised
24. Nucleoplasty and Biacuplasty	Revised
25. Orthopedic Applications of Stem-Cell Therapy	Revised
26. Ovarian and Internal Iliac Vein Embolization as Treatment for Pelvic Congestion Syndrome	Revised
27. Percutaneous Lumbar Discectomy	Revised
28. Prolotherapy	Revised
29. Radiofrequency Facet Denervation	Revised
30. Subtalar Arthrolysis	Revised
31. Treatment of Hyperhidrosis	Revised
32. Treatment of Uterine Fibroids (Laparoscopic and Percutaneous Myolysis)	Revised
<b>Therapy Policy Title</b>	<b>New or Revised</b>
Decompression Therapy	Revised
<b>Miscellaneous Policy Title</b>	<b>New or Revised</b>
Allergy Skin Testing	Revised

### Information on New Policies

For a full description of the new and revised medical policies listed above, please refer to the “Upcoming Policies” section of the Blue Cross Medical and Behavioral Health Policy Manual. To access the Manual, go to [providers.bluecrossmn.com](http://providers.bluecrossmn.com). Under Tools & Resources, select “Medical Policy”, read and accept the Blue Cross Medical Policy Statement, and then select “View All Active Policies.”

Additional information will be provided in a Quick Point closer to the November 1, 2015, effective date on how to access the two sets of medical policies.

### Some Reminders

Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the Medical Policies.

Receipt of benefits is subject to all terms and conditions of the subscriber’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations.

### Questions?

If you have questions, please contact provider services at (651) 662-5200 or 1-800-262-0820.